

<b>CITY OF STOCKTON DEPARTMENT OF PARKS AND RECREATION</b> <b>UNIVERSAL CLASS/SPORT REGISTRATION FORM</b> Only members of immediate family may register on same form.					<b>Form NOT VALID for TEAM REGISTRATION, or the AFTER SCHOOL PLAYGROUND Program. It is your responsibility to see that all pre-requisites have been met as noted. If you are unable to meet required class basics, a rain check will be issued for another class. No refunds.</b>				
<b>Mail to: Parks &amp; Recreation, 6 E. Lindsay St., Stockton, CA 95202 Attn: CLASS or SPORTS</b>									
<b>ADULT NAME (Please print or type):</b>								<b>OFFICE USE ONLY:</b>	
<b>LAST</b>				<b>FIRST</b>				<b>Receipt# AND Amount:</b>	
<b>ADDRESS</b>				<b>CITY</b> <b>ZIP</b>					
<b>PHONE: HOME</b>			<b>WORK</b>			<b>E-mail Address</b>			<b>PLAYER FEE: \$</b>
<b>*WHEN PAYING BY CHECK, INCLUDE: DO NOT MAIL CASH.</b>			<b>Driver's License #</b>			<b>Expiration date</b>			<b>Date Received:                      BY:</b>
<b>Forwarded to:</b>									
<b>SPORTS LEAGUE</b>									
<b>TEAM NAME</b>					<b>PLAYING SEASON:</b>		<b>FACILITY (Center, Ice Arena, etc.)</b>		<b>BIRTH DATE:</b>
									<b>SCHOOL GRADE:</b>
<b>SPORT (CIRCLE</b> <b>MEN'S</b>		<b>WOMEN'S</b>		<b>CO-ED</b>		<b>YOUTH</b>		<b>TEEN</b>	
<b>SOFTBALL</b>		<b>LEAGUE I</b>		<b>LEAGUE II</b>		<b>LEAGUE III</b>		<b>LEAGUE IV</b>	
<b>BASKETBALL</b>		<b>VOLLEYBALL</b>		<b>BROOMBALL</b>		<b>HOCKEY</b>		<b>FALL</b>	
								<b>WINTER</b>	
					<b>DIVISION: _____</b>		<b>Previous Year's Division: _____</b>		<b>CHECK ONE:</b> <input type="checkbox"/> <b>MALE</b> <input type="checkbox"/> <b>FEMALE</b>
									<input type="checkbox"/> <b>CITY RESIDENT</b> <input type="checkbox"/> <b>NOT CITY RESIDENT</b>
<b>INSTRUCTION OR SWIMMING CLASS:</b>									
<b>STUDENT'S NAME &amp; AGE (Under 18 yrs.)</b>		<b>COURSE NAME</b>			<b>COURSE DATE/TIME</b>		<b>COURSE NO.</b>		<b>FACILITY OR SWIM POOL</b>
									<b>LAST COURSE COMPLETED</b>
<b>THIS CONTRACT/REGISTRATION DOES NOT COVER ANY MEDICAL EXPENSES FOR INJURY OCCURING FROM PARTICIPATION IN SAID SPORT/ACTIVITY.</b>									
<b>PLEASE READ AND SIGN:</b> I understand and agree to abide by the operation rules as set down by the Stockton Parks and Recreation Commission. I further agree to hold the Stockton Parks and Recreation Commission, its members, officers, operation committees thereof, the City of Stockton, County of San Joaquin; Stockton, Lincoln, Manteca and Lodi Unified School Districts, San Joaquin Delta College, the Amateur Softball Association, its agents and umpires, the sponsor and manager, instructor, team members and participants, free and harmless from any and all liability whatsoever arising from the performance of this contract/registration. My signature authorizes the department to use a photograph or similar likeness or image of me or the child named above in any future advertisement or promotion of the City of Stockton Department of Parks and Recreation.									
<b>Participant's signature, or if under 18 years, approval of Parent/Guardian</b>								<b>Date</b>	
<b>*SPORTS:</b> This contract shall be considered effective as of the date/time filed with the Department Office and shall continue in force until the player is released in accordance with the operation rules. Player fees are subject to change without notice. If individual check for team entry or player contract fees do not clear due to insufficient funds, the Team Manager and Player will be contacted. Player will be disqualified from playing until check is made good. Multiple returned checks may result in disqualification of entire team. In the event of damage caused by a ball, the liable party will be the person who caused the ball, by whatever means, to become errant. The City of Stockton cannot accept liability for any damages resulting from an errant ball, because such damage does not arise from the negligent act of City employees. Liability relates directly to the party causing this damage.									
<b>EMERGENCY CONTACT: NAME</b>					<b>PHONE #</b>			<b>RELATIONSHIP</b>	
<b>CLASS REFUNDS:</b> Refund Request form must be submitted to Department Office BEFORE the FIRST class begins. Cancellation fee of \$5. <b>NO REFUNDS AFTER THE FIRST CLASS BEGINS.</b>									
<b>COMMENTS:</b> (Medication, I want to play with player/team, etc.)									